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Adult Day Services

Waiver Type	Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)
Service Definition	Adult Day Services (ADS) are community-based group programs designed to meet the needs of adults with impairments through individual plans of care. These structured, comprehensive, non-residential programs provide health, social, recreational, and therapeutic activities, supervision, support services, and personal care. Meals and/or nutritious snacks are required. The meals need not constitute the full daily nutritional regimen. However, each meal must meet 1/3 of the daily Recommended Dietary Allowance. These services must be provided in a congregate, protective setting in one of three available levels of service: Basic (Level 1), Enhanced (Level 2), or Intensive (Level 3).
Provider Requirements	In addition to the requirements provided in the provider application, Adult Day Services must be accredited by a National Accreditation organization as follows: - The Commission on Accreditation of Rehabilitation Facilities (CARF) - The Council on Quality and Leadership In Supports for People with Disabilities (CQL) - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - The National Committee for Quality Assurance - The ISO-9001 human services QA system

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	All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional	Submit verification of accreditation or letter from the accrediting agency with
Documents (beyond	confirmed survey date.
the core provider application requirements) to be	
Submitted with Application	Mark document(s) as Adult Day Services item A

Community Habilitation

Waiver Type	Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)
Service Definition (group and individual)	Group – Community Based Habilitation - Group are services provided outside of the Participant's home that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Community based activities are intended to build relationships and natural supports. Group Sizes: Small groups (4:1 or smaller), Medium groups (5:1 to 10:1) Individual - Community Based Habilitation - Individual are services provided outside of the Participant's home that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Community based activities are intended to build relationships and natural supports. Allowable Ratio - 1:1
Provider Requirements	In addition to the requirements provided in the provider application, Community Habilitation service providers must be accredited by a National Accreditation organization as follows: - The Commission on Accreditation of Rehabilitation Facilities (CARF) - The Council on Quality and Leadership In Supports for People with Disabilities (CQL) - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - The National Committee for Quality Assurance - The ISO-9001 human services QA system All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional Documents (beyond the core provider application requirements) to be Submitted with Application	Submit verification of accreditation or letter from the accrediting agency with confirmed survey date. Mark document(s) as Community Habilitation item A

Extended Services

Waiver Type	Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)
Service Definition	Extended Services are services and supports (time-limited to 18 months per employment setting), that enable a participant who is paid at or above the federal minimum wage to maintain employment in a competitive community employment setting. The 18-month clock begins with the start date of the service as it appears on the approved Plan of Care/Cost Comparison Budget (CCB) and Notice of Action (NOA). Note that the 18-month clock does not begin with the date the service is first rendered or with the date the service is first billed for this time-limited service, unless those dates correspond to the start date of the service as it appears on the CCB and NOA.
Provider	In addition to the requirements stipulated in the provider application, Extended
Requirements	Services providers must be accredited by a National Accreditation organization as follows:
	 The Commission on Accreditation of Rehabilitation Facilities (CARF) The Council on Quality and Leadership In Supports for People with Disabilities (CQL) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) The National Committee for Quality Assurance The ISO-9001 human services QA system
	All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional Documents (beyond the core provider application	Submit verification of accreditation or letter from the accrediting agency with confirmed survey date.
requirements) to be Submitted with Application	Mark document(s) as Extended Services item A

Facility Based Support Services

Waiver Type	Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)
Service Definition	Facility Based Support services are facility-based group programs designed to meet the needs of participants with impairments through individual plans of care. These structured, comprehensive, non-residential programs provide health, social, recreational, therapeutic activities, supervision, support services, personal care and may also include optional or non-work related educational and life skill opportunities. Participants attend on a planned basis. These services must be provided in a congregate, protective setting in groups not to exceed 16:1.
Provider Requirements	Prospective providers, applying to provide Facility Based Support Services, must submit all documentation detailed in the Provider Application. All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional Documents (beyond the core provider application requirements) to be Submitted with Application	None

Facility Based Habilitation

Waiver Type	Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)
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Service Definition	Facility Based Habilitation services are services provided outside of the Participant's
(group and Individual)	home in an approved facility that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills.
	Facility Based Habilitation is provided in one of two settings, a Group setting or an Individual setting.
	Group setting sizes are:
	• Small (4:1 or smaller)
	• Medium (5:1 to 10:1)
	Larger (larger than 10:1 but no larger than 16:1)
	Individual setting is on a 1:1 basis
Provider	In addition to the requirements provided in the provider application, Facility Based
Requirements	Habilitation Services must be accredited by a National Accreditation organization as follows:
	The Commission on Accreditation of Rehabilitation Facilities (CARF)
	 The Council on Quality and Leadership In Supports for People with Disabilities (CQL)
	 The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
	 The National Committee for Quality Assurance
	 The ISO-9001 human services QA system
	All providers must comply with any applicable FSSA/BDDS service standards,
	guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional	Submit verification of accreditation or letter from the accrediting agency with
Documents (beyond	confirmed survey date.
the core provider	
application	Mark document(s) as Facility Based Habilitation item A
requirements) to be	
Submitted with	
Application	

Participant Assistance Care (PAC)

Waiver Type	Family Supports Waiver (FSW) only
Service Definition	Participant Assistance and Care (PAC) Services are provided in order to allow participants (consumers) with developmental disabilities to remain and live successfully in their own homes, function and participate in their communities and avoid institutionalization. PAC services support and enable the participant in activities of daily living, self-care, and mobility with the hands-on assistance, prompting, reminders, supervision and monitoring needed to ensure the health, safety and welfare of the participant.
Provider Requirements	Prospective providers, applying to provide Participant Assistance Care, must submit all documentation detailed in the Provider Application. All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional Documents (beyond the core provider application requirements) to be Submitted with Application	None

Prevocational Services

Waiver Type	Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)
Service Definition	Prevocational Services are services that prepare a participant for paid or unpaid employment. Prevocational Services include teaching concepts such as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at generalized results. Services are habilitative in nature and not explicit employment objectives.
	Monitoring of prevocational services occurs on a quarterly basis. The objectives of monitoring include assessment of the participant's progress toward achieving the outcomes identified on the participant's ISP related to employment and to verify the continued need for prevocational services. The appropriateness of Prevocational services is determined by dividing the previous quarter's gross earnings by the hours of attendance. If the hourly wage falls below 50% of the Federal minimum wage, Prevocational services may be continued. If the average wage exceeds 50% of the Federal minimum wage, Prevocational services should be discontinued for the next quarter. Group sizes: • Small (4:1 or smaller) • Medium (5:1 to 10:1) • Large (larger than 10:1 but no larger than 16:1)
Provider Requirements	In addition to the requirements provided in the provider application, Prevocational Services must be accredited by a National Accreditation organization as follows: - The Commission on Accreditation of Rehabilitation Facilities (CARF) - The Council on Quality and Leadership In Supports for People with Disabilities (CQL) - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - The National Committee for Quality Assurance - The ISO-9001 human services QA system All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional Documents (beyond the core provider application requirements) to be Submitted with Application	Submit verification of accreditation or letter from the accrediting agency with confirmed survey date. Mark document(s) as Prevocational Services item A

Residential Habilitation and Support Services

Waiver Type	Community Integration and Habilitation (CIH) only
Service Definition	Residential Habilitation and Support (RHS) services provide up to a full day (24-hour basis) of services and/or supports which are designed to ensure the health, safety and welfare of the participant, and assist in the acquisition, improvement, and retention of skills necessary to support participants to live successfully in their own homes.
Provider	To be approved to provide residential habilitation and support services, an applicant
Requirements	shall meet the requirements for direct care staff.
	In addition to the requirements stipulated in the provider application, Supported Employment providers must be accredited by a National Accreditation organization as follows: - The Commission on Accreditation of Rehabilitation Facilities (CARF) - The Council on Quality and Leadership In Supports for People with Disabilities (CQL) - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - The National Committee for Quality Assurance - The ISO-9001 human services QA system All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional Documents (beyond	Submit verification of accreditation or letter from the accrediting agency with confirmed survey date.
the core provider	commined survey date.
application	Mark document(s) as Residential Habilitation and Support Services item A
requirements) to be	
Submitted with	
Application	

Respite Care Services

Waiver Type	Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)
Service Definition	Respite Care services means services provided to participants unable to care for themselves that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite Care can be provided in the participant's home or place of residence, in the respite caregiver's home, in a camp setting, in a DDRS approved day habilitation facility, or in a non-private residential setting (such as a respite home).
Provider Requirements	For an entity to be approved to provide respite care services, the entity shall meet the following requirements: Be one (1) of the following types of entities: (A) A home health agency. (B) An approved adult day service provider under this article. (C) An entity providing residential services to unrelated individuals. All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional Documents (beyond the core provider application requirements) to be Submitted with Application	None

Structured Family Caregiving

Waiver Type	Community Integration and Habilitation (CIH) only
Service Definition	Structured Family Caregiving means a living arrangement in which a participant lives in the private home of a principal caregiver who may be a non-family member (foster care) or a family member who is not the participant's spouse, the parent of the participant who is a minor, or the legal guardian of the participant. Necessary support services are provided by the principal caregiver (family caregiver) as part of Structured Family Caregiving. Only agencies may be Structured Family Caregiving providers, with the Structured Family Caregiving settings being approved, supervised, trained, and paid by the approved agency provider.
Provider Requirements	To be approved to provide Structured Family Caregiving, an applicant shall: (1) be an entity approved to provide supported living services under this article; and (2) certify that, if approved, the entity will provide Structured Family Caregiving using only persons who meet the required qualifications. All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional Documents (beyond the core provider application requirements) to be Submitted with Application	None

Workplace Assistance

Waiver Type	Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)
Service Definition	Workplace Assistance Services provide a range of personal care services and/or supports during paid competitive community employment hours and in a competitive community employment setting to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may take the form of hands-on assistance (actually performing a personal care task for the participant) or cuing to prompt the participant to perform a personal care task. Workplace Assistance services may be provided on an episodic or on a continuous basis. Workplace Assistance Services are services that are designed to ensure the health, safety and welfare of the participant, thereby assisting in the retention of paid employment for the participant who is paid at or above the federal minimum wage. Allowed Ratio - Individual, 1:1.
Provider Requirements	Prospective providers, applying to provide Workplace Assistance, must submit all documentation detailed in the Provider Application. All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual.
Additional Documents (beyond the core provider application requirements) to be Submitted with Application	None